

## REFERENCES AND REVIEWS

**HERNIA REPAIR WITH MARLEX MESH**—F. C. Usher. Arch. Surg.—Vol. 84:325 (March) 1962.

Five hundred and forty-one hernias repaired with Marlex mesh are reviewed. The incidence of wound complications was 15 per cent for incisional hernias and 4.3 per cent for inguinal hernias. The recurrence rate, based on 240 patients with a follow-up of one year or more, was 10.2 per cent for the incisional hernias and 5.9 per cent for inguinal hernias. The authors believe that the results of this study justify the continued use of Marlex mesh in the repair of large and difficult hernias.

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**CLINICAL EXPERIENCES WITH A SERIES OF SMITH'S FRACTURES**—R. H. Flandreau, R. M. Sweeney, and W. D. O'Sullivan. Arch. Surg.—Vol. 84:288 (March) 1962.

The results in a series of Smith's fractures were reviewed after using a recent innovation in reduction and immobilization which employs full supination and only a slight dorsiflexion of the wrist. Maintenance of reduction was more satisfactory with the use of this position. Mechanisms of injury and a classification of the varieties of Smith's fractures were noted.

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**FAMILY GROUP INTAKE BY A CHILD GUIDANCE CLINIC TEAM**—E. A. Tyler, A. Truuma, and P. Henshaw. Arch. Gen. Psychiat.—Vol. 6:214 (March) 1962.

This study describes a technique which substitutes information from a family unit for single information, and a

3-discipline team for a single interviewer at initial clinic contact. Impressions based on 100 cases seen from September, 1959, to December, 1960, are reported, concerning influence of the technique on diagnostic studies, teamwork, teaching, patient's attitudes and team members' feelings.

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**CHRONIC PARONYCHIA: REVIEW OF 70 CASES**—R. H. Curry and J. C. Mitchell. Canad. Ass. Med. J.—Vol. 85:1291 (Dec. 9) 1961.

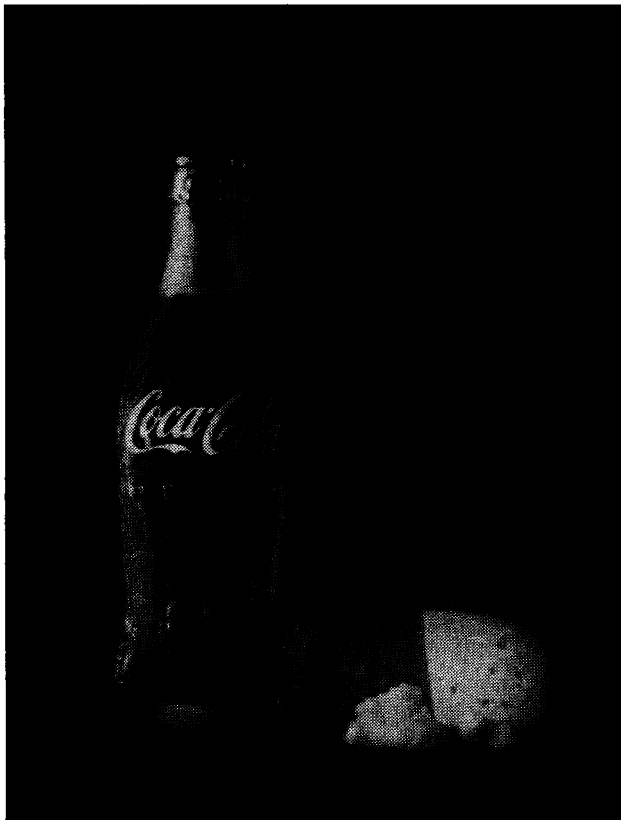
Of 69 women with paronychia, 43 were housewives. The highest incidence was in the fourth decade age-group with the right ring and middle fingers most often affected. Formation of subcuticular pocket was pathognomonic. This condition is considered a disease of home and occupational wet work. Etiological factors are assessed. Since the source of primary and secondary infection of the nail fold has been shown to be fetal, sexual difference is considered to be due to female manicuring as principal cause of chemical and physical trauma to the nail folds. A therapeutic regimen is outlined.

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**INFRARED THERMOMETRY IN DIAGNOSIS OF BREAST DISEASE**—K. L. Williams, F. L. Williams, and R. S. Handley. Lancet—Vol. 2:1378 (Dec. 23) 1961.

An infrared sensitive device was used to measure the skin temperature over lumps in the breast. One hundred patients with breast lumps were investigated and the great majority with carcinomas (54 of 57 cases), half of those with fibroadenomas and all with abscesses were found to show a rise of 1° C. (1.8° F.) or more, in the overlying skin. Cysts, adenosis, fat necrosis, and duct stasis showed rises of less than 1° C. or were actually cooler. Over carcinomas, rises of up to 5° C. (9° F.) were found. The hotter the carcinoma, the worse the prognosis. Experiments

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are now being made with a recording infrared scanning device. These temperature differences may prove useful in diagnosing the nature of breast lumps.

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**A REEVALUATION OF BRONCHIECTASIS USING FUME FIXATION**  
—W. Hentel, A. N. Longfield, and J. Gordon. *Dis. Chest.*  
—Vol. 41:41 (Jan.) 1962.

Introduction of fume fixation-inflation of lung specimens has brought renewed interest in the study of bronchiectasis. The 3-dimensional studies provide further insight into hitherto unseen facets of pulmonary histopathology. The authors' observations indicate two separate forms of bronchiectasis, which are distinguishable in the gross as well as in the 3-dimensional studies of the histologic sections.

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**VARIATIONS IN CATALASE ACTIVITY IN HUMAN LEUKOCYTES**  
—C. Kidson. *Blood*—Vol. 19:82 (Jan.) 1962.

Catalase activity was studied in normal leukocytes and in leukocytes from patients with leukemia and infections. Higher levels of activity were observed in normal granulocytes than in lymphocytes. Normal lymphocyte levels were present in acute and chronic lymphatic leukemia. Low levels were present in infection, and very high levels in acute and chronic myeloid leukemia. Changes are discussed in relation to leukocyte age.

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**EFFECT OF THIOPENTAL INDUCTION ON CARDIAC OUTPUT IN MAN**—H. Flickinger, W. Fraimow, R. T. Cathcart, and T. F. Nealon. *Anesth. Analg.*—Vol. 40:693 (Nov.-Dec.) 1961.

Cardiac output was measured in 12 patients before and after the induction of anesthesia with thiopental. A significant decrease in cardiac output was observed in 83 per cent of the patients studied. The mechanisms of this diminution are discussed. The clinical significance of these changes when compounded by other factors attendant upon surgery is emphasized.

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**CLINICAL TRIAL OF PRENYLAMINE LACTATE, A LONG-LASTING CORONARY DILATOR DRUG**—D. F. Kerridge, S. J. Mazurkie, and D. Verel. *Canad. Med. Ass. J.*—Vol. 85:1352 (Dec. 16) 1961.

In a double-blind trial, prenylamine lactate was found to reduce the intake of trinitrin tablets in patients with angina pectoris to a significantly greater extent than an identical placebo. The results of a simple exercise test were equivocal in that all subjects exercised less well while taking both the control tablet and the placebo. This anomalous result was probably due to a decrease in interest in the exercise test on the part of the subject. Prenylamine lactate is an effective long-lasting coronary vasodilator drug.

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**TESTING SKIN SURFACE FOR GLUCOSE**—A. M. Parker. *Diabetes*—Vol. 11:49 (Jan.-Feb.) 1962.

Skin surface glucose determinations with clinistix were made on 27 diabetic and 21 nondiabetic subjects. In 48 subjects test correlation with urine and blood findings were found in 56.2 per cent. In diabetics with glycosuria and hyperglycemia the skin surface correlated in 33.3 per cent, and in diabetics and nondiabetics with normal blood and urine correlation was 25.7 per cent. A positive skin surface glucose test in three normals suggested a prediabetic state in two who had abnormal cortisone-glucose tolerance tests.

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*Raddin, J.: Med. Times, July 1961*

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*Hootnick, H. J.: J. Am. Ger. Soc., 4:1021-1030, 1956*

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*Marshall, W.: S. D. J. Med. & Pharm., 8:151-153, 1955*

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